

## CORPORATION

Thank you for your interest in applying for state certification. We ask that you carefully complete each question. If a question is not applicable, simply answer that it is not applicable. Submit all documentation requested and cooperate with our staff should we have questions or need clarification. Your cooperation in this matter allows our certification staff to review complete applications and render a prompt decision.

A **NON-REFUNDABLE** application fee of \$100.00, payable to OMWBE, must be included in order to process this application. If you have any questions about this application or the application process, call OMWBE at (360) 664-9750 or Toll Free (866) 208-1064 and ask to speak with the Technical Assistant.

This firm is applying for certification as a:

- ☐ **MBE** Minority Business Enterprise (owned and controlled by at least one minority)
- ☐ **WBE** Women's Business Enterprise (owned and controlled by at least one non-minority woman)
- ☐ **MWBE** Minority Women's Business Enterprise (owned and controlled at least one minority woman)
- ☐ **SEDBE** Socially and Economically Disadvantaged Business Enterprise (owned and controlled by a non-minority male, determined to be socially and economically disadvantaged on a case-by-case basis) **Stop. Call OMWBE for more information on how to apply for this designation.**

Has this firm or its owner previously applied to this office for certification? ☐ YES ☐ NO

If yes, under what name? \_\_\_\_\_

Has this firm or its owner ever applied to other states for certification? ☐ YES ☐ NO

If yes, provide the following information: (attach additional pages if necessary)

State	Approved?	Certification Number	Expiration Date
_____	Yes / No	_____	_____
_____	Yes / No	_____	_____
_____	Yes / No	_____	_____
_____	Yes / No	_____	_____

## BUSINESS INFORMATION

1. Legal Business Name: \_\_\_\_\_

2. Trade Name (DBA): \_\_\_\_\_

3. Has this business operated under another name? ☐ YES ☐ NO

If yes, what was the name? \_\_\_\_\_

State: \_\_\_\_\_ Date/Years of Operation : \_\_\_\_\_ Status: \_\_\_\_\_

4. Is this business organized for profit? ☐ YES ☐ NO **STOP! If you answer No, your business cannot be certified.**

5. Federal Tax ID Number (TIN): \_\_\_\_\_ (The 9-digit number on your federal tax return)

6. Washington UBI Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 7. Date business started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Does this business share the same UBI Number with another business? ☐ YES ☐ NO

9. Professional License Number: \_\_\_\_\_ 10. Contractor License#: \_\_\_\_\_

11. Location: \_\_\_\_\_

*Street Address*

*Apt./Unit#/Suite*

*County*

*City*

*State*

*Zip Code*

12. Is this business located at a residence? ☐ YES ☐ NO

13. Mailing: ☐ Same as above

*Mailing/P.O.Box*

*City*

*State*

*Zip Code*

14. Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

15. Email: \_\_\_\_\_ Website: \_\_\_\_\_

16. Describe the primary activities of your firm. Be precise: \_\_\_\_\_

17. Does this business have a relationship with a bonding company? ☐ YES ☐ NO

If yes, please complete the following:

Bonding Company Name: \_\_\_\_\_

Person responsible for signing bond: \_\_\_\_\_

18. Does the business have a bank account? ☐ YES ☐ NO

If yes, list every person who has authority to sign checks: \_\_\_\_\_

19. List the major equipment and vehicles in which the business currently has an ownership, lease, or loan interest:

	Type of equipment/vehicle	Own, lease, or loan
1)		
2)		
3)		
4)		
5)		

(Attach additional pages as needed)

20. What was the firm's average number of employees over the last 12 months (including part time, seasonal, and temporary employees)? \_\_\_\_\_

21. Does this firm share any of the following with any other businesses? (Check Yes or No for each item.)

Owners	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Accounting Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employees	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Legal Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Office Facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Financing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Storage Facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inventory	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Coverage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For every yes answer, explain below and attach any supporting documentation.

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22. List three contracts the firm has performed, is performing, or has bid during the last twelve months, if any:

	Job or Project	Name and phone number of contact person (Prime contractor or awarding authority)
1.		
2.		
3.		

(Attach additional pages as needed)

## OWNERSHIP INFORMATION

**This section must be completed by each person who has ownership interest in this business, whether or not they are actively involved in the business. Please make enough copies of this section for all owners/partners to complete.**

**23.** To be eligible for certification, this business must be owned at least 51% by minorities or women.

Is this partner included in the 51% or more? ☐ YES ☐ NO

**(If yes, provide the Declaration on page 8 for minority/woman owners.)**

**24.** Partner Name: \_\_\_\_\_  
*First Name* *Last Name*

**25.** Owner's race or socially and economically disadvantaged status:

- ☐ **Black** (Having origins in any of the Black racial groups of Africa)
- ☐ **Hispanic** (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race)
- ☐ **Native American** (Having origins in any of the original peoples of North America)
- ☐ **Asian Pacific** (Having origins in Japan, China, Taiwan, Korea, Burma, Vietnam, Laos, Cambodia, Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, Hong Kong, and other countries and territories in the Pacific)
- ☐ **Subcontinent Asian** (Having origins in India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.)
- ☐ **Caucasian Female**
- ☐ **Other (Describe)** \_\_\_\_\_

**26.** Gender: \_\_\_\_ Male \_\_\_\_ Female

**27.** Citizenship: ☐ U.S. Citizen ☐ Permanent Resident If you are neither, **STOP. You are not eligible.**

**28.** Partner's occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer phone: \_\_\_\_\_

**29.** What is this partner's percentage of ownership in this business? \_\_\_\_\_%

**30.** Is this ownership: ☐ Community Property? ☐ Separate Property? ☐ Joint Property?

**(If you are married and are claiming separate or joint property, you must attach documentary proof.)**

**31.** When did this partner's ownership interest in this business begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

**32.** How did you acquire this business?

- |  |   |
|--|---|
| <input type="checkbox"/> Started the business myself         | <input type="checkbox"/> It was a gift from: _____  |
| <input type="checkbox"/> Condition of a divorce settlement   | <input type="checkbox"/> I bought it from: _____    |
| <input type="checkbox"/> Condition of a separation agreement | <input type="checkbox"/> I inherited it from: _____ |
| <input type="checkbox"/> Other: _____                        |   |

33. Was ownership interest secured under a purchase agreement, loan, or promissory note? ☐ YES ☐ NO  
(If yes, provide documentation)

34. Are there any loans from:

☐ Partner to the business?

☐ Business to a Partner?

☐ Financial Institution to the business?

☐ Third party to the business?

If yes, explain and provide documentation: \_\_\_\_\_

35. Are you: ☐ Unmarried (single) ☐ Married Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Separated Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Divorced Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If this partner is married, complete the following:**

Spouse's name: \_\_\_\_\_  
*First Name* *Last Name*

Spouse's occupation: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

36. Spouse's race or socially and economically disadvantaged status:

☐ **Black** (Having origins in any of the Black racial groups of Africa)

☐ **Hispanic** (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race)

☐ **Native American** (Having origins in any of the original peoples of North America)

☐ **Asian Pacific** (Having origins in Japan, China, Taiwan, Korea, Burma, Vietnam, Laos, Cambodia, Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, Hong Kong, and other countries and territories in the Pacific)

☐ **Subcontinent Asian** (Having origins in India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.)

☐ **Caucasian Female**

☐ **Other (Describe)** \_\_\_\_\_

37. Does the partner or partner's spouse have an ownership interest in any other businesses? ☐ YES ☐ NO

**If yes, complete the following for each partner/partner's spouse and each additional business:**

Partner's Name or spouse's Name : \_\_\_\_\_

Name of other business: \_\_\_\_\_

Type of business: \_\_\_\_\_

Relationship to applicant business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_%

Is this business certified by OMWBE? ☐ YES ☐ NO

(Attach additional pages as needed to identify all other businesses owned by this owner or owner's spouse)

## DUTIES OF OWNERS AND KEY PERSONS

**INSTRUCTIONS:** Identify by name, title, race, gender, and total amount of compensation, those individuals, including partners, managers, and non-owners, who are authorized to make policy decisions and to manage the day-to-day operations of this firm. Make enough copies of this form to provide information on each and every applicable person. Circle the frequency of each person's involvement in each area.

	Person #1	Person #2
Name:	<hr/>	<hr/>
Title:	<hr/>	<hr/>
Race:	<hr/>	<hr/>
Percent owned:	<hr/>	<hr/>
Gender:	<hr/>	<hr/>
Salary:	<hr/>	<hr/>
Other benefits:	<hr/>	<hr/>

A = Always	F = Frequently	S = Seldom				N = Never			
		Person #1		Person #2		Person #1		Person #2	
Setting policy on company direction/scope	A	F	S	N		A	F	S	N
Bidding & Estimating	A	F	S	N		A	F	S	N
Purchasing decisions	A	F	S	N		A	F	S	N
Marketing & Sales	A	F	S	N		A	F	S	N
Supervision of field operations	A	F	S	N		A	F	S	N
Hiring & Firing of management personnel	A	F	S	N		A	F	S	N
Supervision of field operations	A	F	S	N		A	F	S	N
Supervision of field operations	A	F	S	N		A	F	S	N
Signing business checks	A	F	S	N		A	F	S	N

## NON-PARTICIPATION STATEMENT

This declaration is to be completed **only** if your ownership is based on community property and your spouse is **not** a minority or woman.

We hereby swear or affirm that:

- We are husband and wife.
- Only the husband/wife (**circle one**) owns and manages this firm.
- The spouse does **not** participate in the management of this firm.
- We understand this form is **not** a separate property agreement.

We understand that "participate in the management of this firm" is defined as being a partner and/or performing day-to-day duties and functions required by the business, including, but not limited to:

- Payment of the company's debts
- Estimating
- Marketing and sales
- Hiring and firing of management personnel
- Authorizing the purchase of major items or supplies
- Supervision of field operations
- Making company policies
- Designating how profits are spent
- Negotiating and obligating the business by contract

Signed at: \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City State date Month Year*

Wife's signature: \_\_\_\_\_

Wife's printed name: \_\_\_\_\_

Husband's signature: \_\_\_\_\_

Husband's printed name: \_\_\_\_\_

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## DECLARATION

I hereby swear or affirm that:

- All application statements I have provided to OMWBE are true and correct.
- This application packet is accurate, current and complete.
- This application packet furnished to OMWBE is subject to public disclosure except materials related to applications for Disadvantaged Business Enterprise programs. As provided in Chapter 42.56 RCW, financial records (e.g.; tax and income information) and personal information (e.g.; account numbers) are excluded in the state program.
- OMWBE is authorized to contact any companies or individuals in order to verify my application information and accompanying documents.
- Other government agencies are authorized to furnish documents, verify information, and provide additional information to OMWBE concerning my application.

I understand that false statements, omissions, or material misrepresentations will be grounds for denial, decertification as a certified firm as provided by applicable state law.

I agree that this completed application and all supporting documentation becomes the property of OMWBE when submitted.

I will provide additional requested information to OMWBE to determine my continued eligibility for certification.

I certify, or declare, under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at: \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City State Date Month Year*

Owner's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_



## DOCUMENT CHECKLIST

**Thank you for completing this application. Unless otherwise noted, copies of the documents listed below are required and must be included in the application packet. If they are not included, the application cannot be processed and will be returned to you. If you do not have any part of the documentation requested below, provide a written statement explaining why.**

- ☐ State Driver's License AND birth certificate or US Passport/Passport Card or USA Certificate of Naturalization with photo or US Permanent Resident Card.
- ☐ Non-Participation Statement Form.
- ☐ Prenuptial Agreement or Separation of Property Agreement or Transfer of Property Agreement.
- ☐ Bank/Credit Card Statements or receipts showing business start up costs that can be traced to a personal account for each eligible owner(s).
- ☐ Loan documents by a lending institution dated at the time of start-up and guaranteed by the eligible person.
- ☐ Bank/Credit Card Statements or receipts showing ongoing capital investment that can be traced to a personal account of each of the owners if the business is more than 7 years old and original documents are not available.
- ☐ If business is less than 3 years old, a current balance sheet and statement of when and how the business was started.
- ☐ Current resume for Owner (and Spouse, if married) including current job title, duties currently performed for the business, and previous employment with dates and job experience.
- ☐ Current resume for Key Personnel including current job title, duties currently performed for the business, and previous employment with dates and job experience.
- ☐ Current resume for Board Members including current job title, duties currently performed for the business, and previous employment with dates and job experience.
- ☐ Signed Bank signature card(s).
- ☐ Copies of signed credit/loan or finance agreements.
- ☐ Commercial liability insurance (indemnity, surety bond and guaranty agreements).
- ☐ Errors and Omissions Insurance.
- ☐ Property lease agreements (two or more firm locations/Linked Deposit).
- ☐ Office and/or yard space lease agreements or proof of ownership (two or more firm locations).
- ☐ List of owned equipment and/or vehicles as well as vehicle titles for each item.
- ☐ List of leased equipment and/or vehicles as well as corresponding current lease agreements for each item.
- ☐ Copies of contracts/bids/invoices to demonstrate scope of work performed (from the last 12 months but no more than 6 total).
- ☐ Current Joint Venture agreements and amendments.
- ☐ Mentor Protégé agreements.
- ☐ Statement explaining why there is no operating agreement (can be accepted in lieu of an operating agreement).
- ☐ Corporate bylaws, amendments and/or operating lease.
- ☐ Minutes of all shareholder and board of directors meetings.
- ☐ Stock certificates and ledger if stocks have been issued.
- ☐ Declaration for owner (Signed and dated).
- ☐ Safety Manual (Trucking and Construction Firms)

- ☐ Federal Tax Returns and/or current IRS extension - (Last 3 years including all pages, statements, and schedules).
  - If business started less than 3 years ago, a Balance Sheet & Income Statement (Profit & Loss) is acceptable.
- ☐ Secretary of State Certificate of Formation OR Secretary of State Certificate of Incorporation of certificate of foreign body authority (if firm is located outside of WA State.)

**Trucking firms**

- ☐ Washington Utilities & Transportation Commission (WUTC) permits.
- ☐ Commercial Driver's License (CDL) for all drivers.
- ☐ Insurance Agreements for each truck owned or operated by firm.
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by firm.

**Reminder: Please include the \$100 non-refundable application fee and supporting documentation with your completed application and mail the package to:**

**OMWBE  
P.O. Box 41160  
Olympia, WA 98504-1160**

**If you have any questions about the application or application process, please call us at (360) 664-9750. OMWBE is open Monday – Friday from 8:00 am – 5:00 pm.**